Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: Pyar Singh Hukam Singh	**Service Date**	:17-Jun-2024	**Network**	: Green
Card No	: I017-029-114504372-02	**Health Provider**	:Irham Medical Center Arjan		**Direct Access SP - YES**
Policy Holder	: Pyar Singh Hukam Singh	**Doctor's Name**	:Humaira		
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	**Co-Insurance**	:		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

TPA	: E CARE - Green Network	**Remarks**	:
Validity	: 01-10-2023 To 30-09-2024		
Gender	: Male		
Date Of Birth	: 16-Jul-1979		
Patient's Tel No	: 0566380934		

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : co heart burn dry cough upper abdominal pain 4 days oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37.5 Bp :110 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding,R05 - Cough,J06.9 - Acute upper respiratory infection, unspecified, **Date of Onset** :17/49/2024

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: 1267-141614-1112 - (ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION,0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

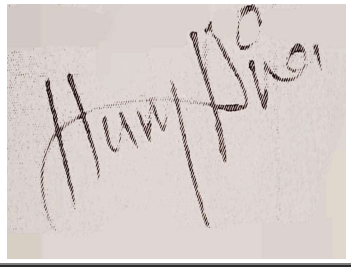
PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 17-Jun-2024

Signature :  **Date** : 17-Jun-2024